

Abstract 715

TITLE: HIV Peer Training Program

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The presentation will describe an HIV Peer Training Program that has trained 2530 homeless and/or addicted veterans to be peer outreach counselors for each of the last five years. It is part of the Health Care for Homeless Veterans Program (HCHV) at the Department of Veterans Affairs Medical Center, Bronx, NY, and was designed by Carol Tobkes, Director of Outreach and Training at Bronx Aids Services, a local nonprofit agency. The goals of the program are threefold: To educate high-risk veterans in HIV Prevention techniques, and to train them to be able to teach others about HIV prevention in an inner city, multi-ethnic community. Also, the program provides homeless veterans with meaningful, goal-oriented activity to reduce their own drug/alcohol use and to assist with community reintegration. The Bronx community is poor with high unemployment, high incidence of HIV infection, and high incidence of homelessness. One quarter of New York City's homeless served in the armed forces, and the HCHV program in the Bronx is one of three in NYC that the VA operates to reach out to these veterans. Each veteran is given five, two-hour training sessions about HIV prevention and harm reduction outreach techniques. A pre and post-test measure the veteran increase in knowledge about HIV Prevention. After graduation, the veteran is given a certificate of completion. He works in community agencies doing outreach, and is reimbursed \$5.00/hour for these efforts. When doing outreach, clinical supervision is available. This outreach lasts for eight weeks, and the veteran is allowed to earn \$50/week. The following lessons have been learned over the five years. The program results in significant levels of increased knowledge. It is met with enthusiasm by the veterans who enjoy the training and doing something "important." The program has provided changes in levels of functioning for some veterans, and has been useful for the long-term, treatment-resistant veteran who is not motivated for more traditional treatment settings. Also, that instructors need to present information in "street terms", that program completion rates for actively using participants increase if lunch and carfare monies are provided, and that weekly sessions, rather than more intensive seminars, improve group cohesion. The oral presentation will review demographic and follow-up survey data for 65 veterans who participated in the HIV Peer Educators training from 1/97-1/99.

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